

Referrals  
7/16/19

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES STANDING  
COMMITTEE**

46

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 752 Event Name: Focus: On Detroit

Event Date: August 24, 2019

Street Closure: None

Organization Name: Focus: HOPE

Street Address: 1200 Oakman Boulevard Detroit, MI 48238

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Walkathon                     | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony  | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming                       | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

### Petition Communications (include date/time)

Focus: HOPE will host their annual event at Cool Cities Park from 12:00pm - 10:00pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Focus:HOPE to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Focus: HOPE owned Park
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Aushier

Date: 7-11-19







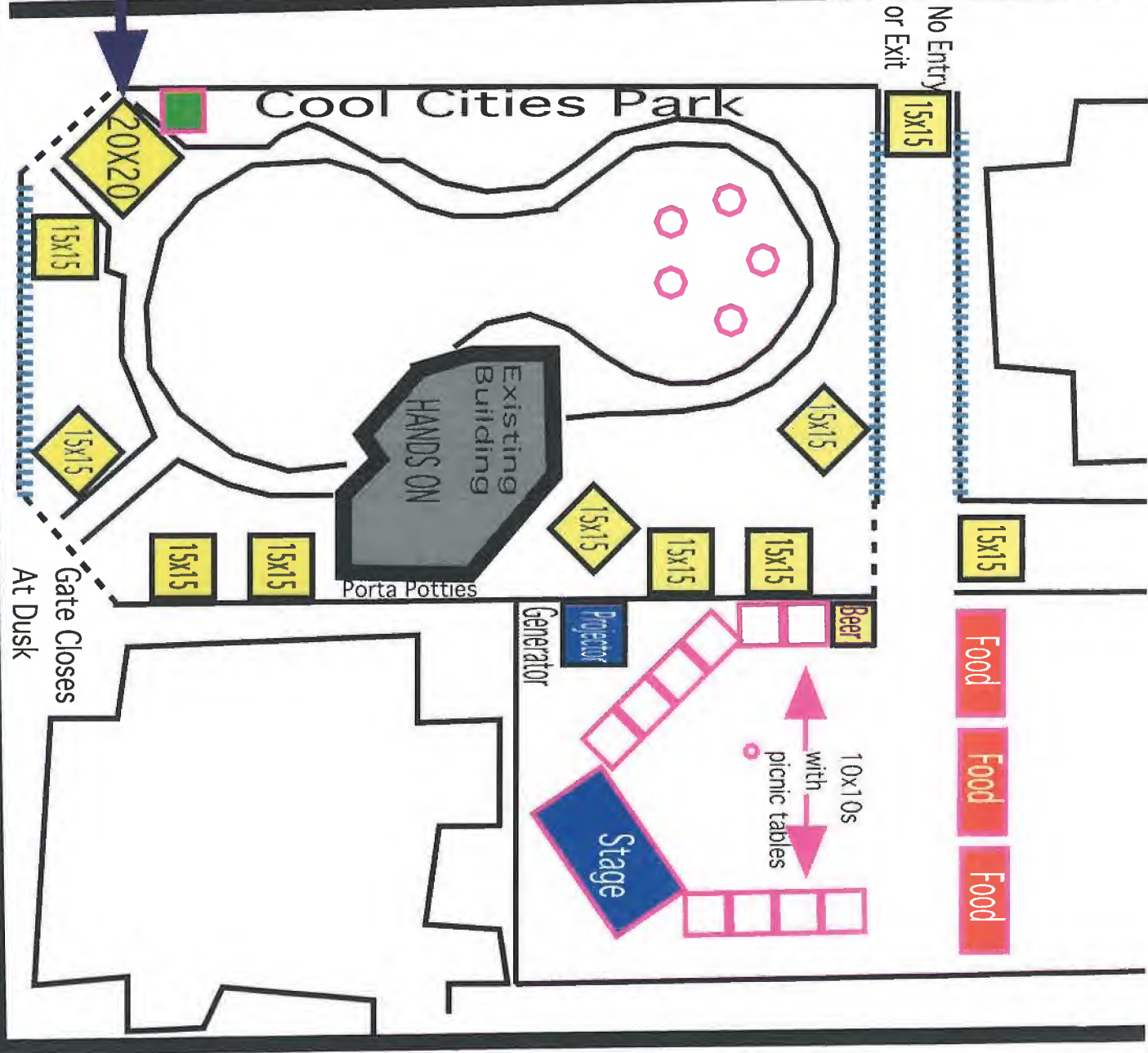
Oakman Blvd

Entry  
Info  
1st Aid  
Retail

No Entry  
or Exit

Cool Cities Park

Woodrow Wilson



Kendall

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, March 20, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING

**752**    *Focus:HOPE, request to hold "Focus: On Detroit" at Cool Cities Park, 14150 Woodrow Wilson, on 8/24/19 at 12 Noon - 10 PM, Set-up 8/23/19 @ 8 AM - 10 PM, Tear Down 8/24/19 - 8/25/19*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Focus: On Detroit

Event Location: Cool Cities Park, 14150 Woodrow Wilson St, Detroit, MI 48238

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus:HOPE

Organization Mailing Address: 1200 Oakman Blvd, Detroit, MI 48238

Business Phone: (313) 494-5500

Business Website: https://www.focushope.edu/

Applicant Name: Stephanie Johnson-Cobb

Business Phone: 313 494 4468

Cell Phone: 313 758 1937

Email: johnsos2@focushope.edu

Event On-Site Contact Person:

Name: Mark Loeb

Business Phone: 313 486 2666

Cell Phone: 734 216 3958

Email: Mark@integrityshows.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: \_\_\_\_\_

Projected Number of Attendees: 1500

Please provide a brief description of your event:

An outdoor photo festival curated by professional photographers and neighborhood groups. Exhibits focus on the neighborhood and Detroit. We will have some projections, music and food trucks. All elements will be within the park owned by the organization at the corner of Woodrow Wilson and Oakman Blvd.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date 08 23 2019 Time: 08:00am Complete Set-up Date: 08 24 2019 Time: 10:00pm

Event Start Date: 08 24 2019 Time: 12:00N Event End Date: 08 24 2019 Time: 10:00pm

Begin Tearing Down Date: 08/24/2019 Complete Tear Down Date: 08/25/2019

Event Times (If more than one day, give times for each day):  
Noon until 10pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Cool Cities Park, 14150 Woodrow Wilson St, Detroit, MI 48238 - Private Park owned by

Facilities to be used (Check) Street Sidewalk Park ☒ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**You will be prompted to upload these attachments upon submitting this form**

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Local musicians, art displays and activities, projections.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Small two speaker system

Describe specific power needs for entertainment and/or music:

Possible using existing park power, may need a supplemental generator

How many generators will be used? One possibly

How will the generators be fueled?  
Arrive fueled



Name of vendor providing generators:

Contact Person: MAD Power

Address: 28399 Dartmouth St,

Phone: 248 545 4845

City/State/Zip: Madison Hts, MI 48071

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

Photos, food truck, beer tent

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: In house security guards

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Website and signage

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Minor- nt much weekend traffic in the area. We have been discussing the event with local residents

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:  
Meetings, signs and handouts.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	6-8	10x10 to 20x40
Canopy (open on all sides)	3	10x10
Staging/Scaffolding	Portable Stage	
Bleachers	None	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: NA

Address:

City/State/Zip:

**Name of company providing port-a-johns, Johns Sanitation**

Contact Person:

Address: 59075 Oasis Center Dr.

Phone: 248 437 0841

City/State/Zip: South Lyon, MI 48178

**Name of private catering company? NA**

Contact Person:

Address:

Phone:

City/State/Zip:

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

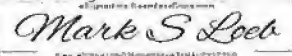
**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**



## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
Signature of Applicant

02/27/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

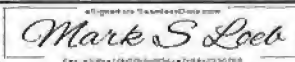
## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Focus: On Detroit Event  
Date: 2/27/2019

Event Organizer:  
Focus: HOPE

  
Applicant Signature: \_\_\_\_\_  
Date: 02/27/2019



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## MAYOR'S OFFICE COORDINATORS REPORT

**OVERALL STATUS** (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 960 Event Name: 2019 Beacon Park Fall Programming

Event Date : September 1 - December 8, 2019

Street Closure: None

Organization Name: Detroit 300 Conservancy

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Walkathon                     | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                       | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                        | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                       | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation                         | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Fall Programming</u> |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

### Petition Communications (include date/time)

The Downtown Detroit Partnership will host their annual events at Beacon Park with various activations throughout the fall season.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eagle Security to Provide Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required for Load - In
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Ausher

Date: 7-11-19



## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, July 1, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    RECREATION DEPARTMENT  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUILDINGS SAFETY ENGINEERING    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**960**    *Detroit 300 Conservancy, request to hold "2019 Beacon Park Fall Programming" at Beacon Park on 9/1/19 - 12/8/19 from 7am - 6pm, Set-up on 8/30/19-8/31/19 from 8am - 5pm, Complete tear down on 12/9/2019*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Beacon Park Fall Programming

Event Location: Beacon Park, 1901 Grand River, Detroit, MI 48226

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit 300 Conservancy

Organization Mailing Address: 1 Campus Martius, Suite 380, Detroit, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: Heather Badrak

Business Phone: 313-715-9944

Cell Phone: 313-715-9944

Email: hbadrak@detroit300.org

Event On-Site Contact Person:

Name: David Cowan

Business Phone: 734-377-3472

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Fall Programming

Projected Number of Attendees: 50-2000

Please provide a brief description of your event:

Interactive Installation, 9/1 - 11/25, Park Hours

Theater in the Park, 9/13+9/14, 7p - midnight

Parktoberfest & Harvest Festival, 9/21 - 12pm - 12am + 9/22 - 12pm - 8pm

Harvest Weekends/Cider Mill, 9/28 - 10/19, 1pm - 5pm

Family Fun: Halloween, 10/26 1pm - 5pm

Watch Parties - Lions Away Games & College Football Games, 9/8 - 12/8, 3 hour game

Name of vendor providing generators:

Contact Person: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): \_\_\_\_\_

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

Food trucks, merchandise such as pumpkins, cider, beverages. Alcohol sold by Lumen.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eagle Security

Contact Person: Matt Warner

Address: 500 Griswold, Ste. 400

Phone: 734-306-4871

City/State/Zip: \_\_\_\_\_

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

Beacon Park has 2 guards. 24/7. events vary by event

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Website

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

eSigned via eSignaturesOnline.com  
*Heather Badrak*  
Key: e33faa10b02b6c0754ae7c04c2330785

06/15/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 Beacon Park Fall Programming Event  
Date: September 1 - December 8

Event Organizer:  
Downtown Detroit Partnership

eSigned via eSignaturesOnline.com  
*Heather Badrak*  
Key: e33faa10b02b6c0754ae7c04c2330785

Applicant Signature:

Date: 06/15/2019

## **PETITION # TBD – 2019 BEACON PARK FALL EVENTS**

### **SECURITY PLAN:**

BEACON PARK: (2) GUARDS, 24/7, Lighthouse radios and if needed, 911.

ADDING FOR EVENTS AS FOLLOWS:

- Interactive Installation, 9/1 – 11/25, Park Operating Hours, core guards
- Theater in the Park, 9/13 + 9/14, 7p – midnight, Add (3) 6:30p – 12:30a
- Parktoberfest + Cider Mill
  - 9/21, noon – midnight, Add (7) 11:30a – 12:30a
  - 9/22, noon – 8p, Add (7) 11:30a – 8:30p
- Harvest Weekends/Cider Mill, Saturdays, 9/28 – 10/19, 1p – 5p, Add(1) 12:30p – 5:30p
- Family Fun – Halloween, 10/26, 1p – 5p, Add (3) 12:30p – 5:30p
- Watch Parties - Lions Away Games & College Football Games, Add(1) 5 hours
  - Sunday September 8 - Arizona Cardinals - 4:25pm game time (3:30pm - 8:00pm)
  - Saturday October 5 - MSU vs OSU - 7:30pm game time (5:30pm - 12am)
  - Monday October 14 - Green Bay Packers - 8:15pm game time (Monday Night Football - (7:00pm - 12am)
  - Sunday November 10 - Chicago Bears - 1pm game time (12pm - 5pm)
  - Saturday November 16 - UofM vs MSU - TBD Game time (10am - 12am)
  - Saturday November 30 - UofM vs OSU - 12pm Game time ( 10am - 4pm)
  - Sunday December 8 - Minnesota Vikings - 1pm game time (12pm - 5pm)

### **EMS PLAN:**

DTE command center has EMTs that can assist as needed.

Lighthouse radios and if needed, 911.

Parktoberfest – HART Medical

### **RECYCLING PLAN:**

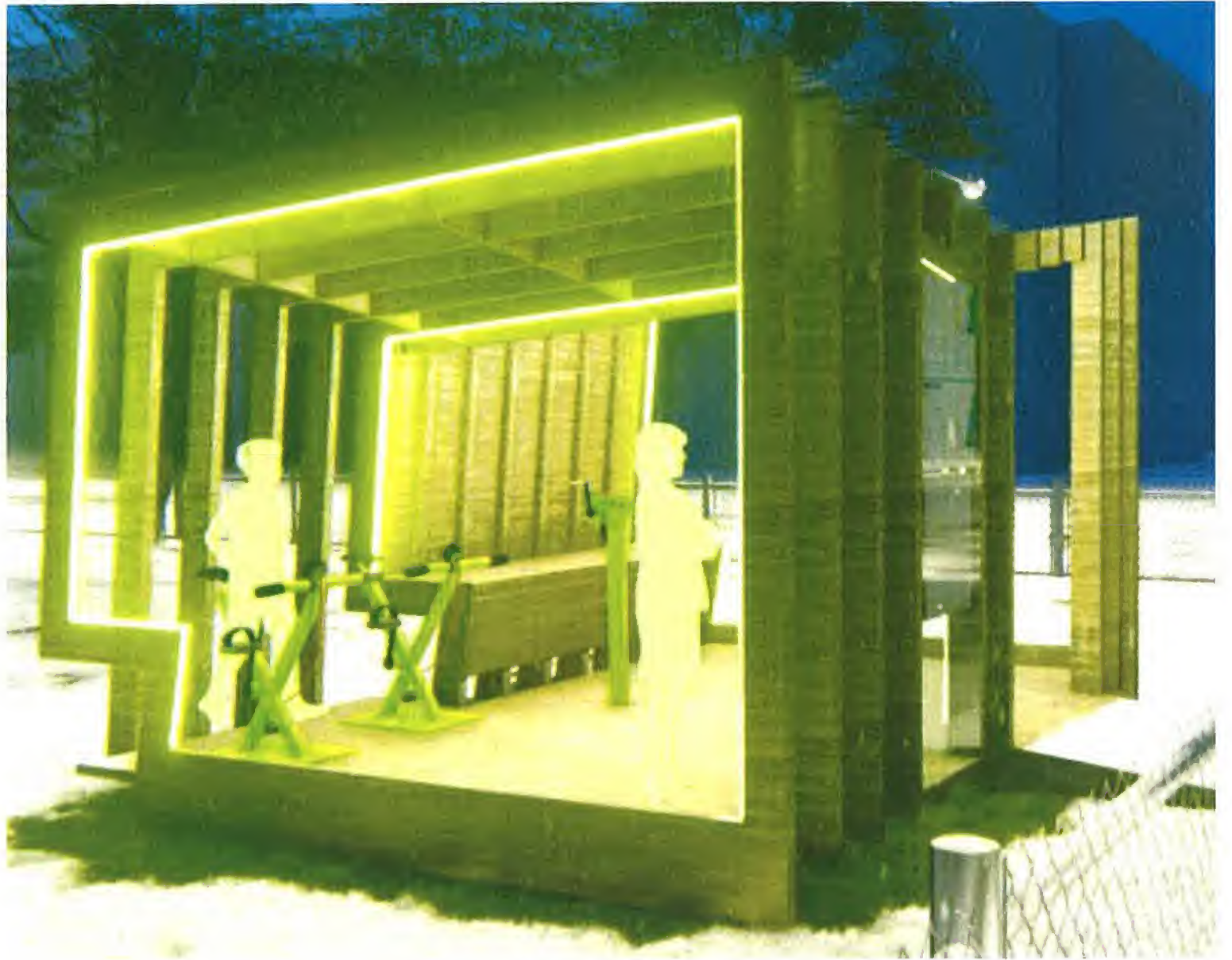
DDP requires all food trucks in our Downtown Street Eats program to use recyclable / compostable / biodegradable packaging. For those without resources or with limited resources, DDP has arranged a packaging partner, Michigan Green Safe Products, who will offer advice for optimizing bulk costs. We will offer a tiered Green Food Truck Certification for compliant food trucks, and we are working to have all food trucks certified by the end of the 2019 season. We complement our food truck operations at Cadillac Square and Beacon Park with recycling receptacles on-site during food truck hours.

We will also be expanding our onsite recycling program at our DDP-managed parks with permanent and temporary receptacles that make recycling easier for the public. Beacon Park has permanent recycling cans. This year, our parks rentals and special events will have recycling receptacles on site. We take our recycling to Recycle Here!, a Detroit-owned local business.

### **RESTROOMS:**

BEACON PARK: (2) ADA accessible public restrooms located on the back of the building.

Extra Porta-potties are brought in for all events.





★ Art Installations



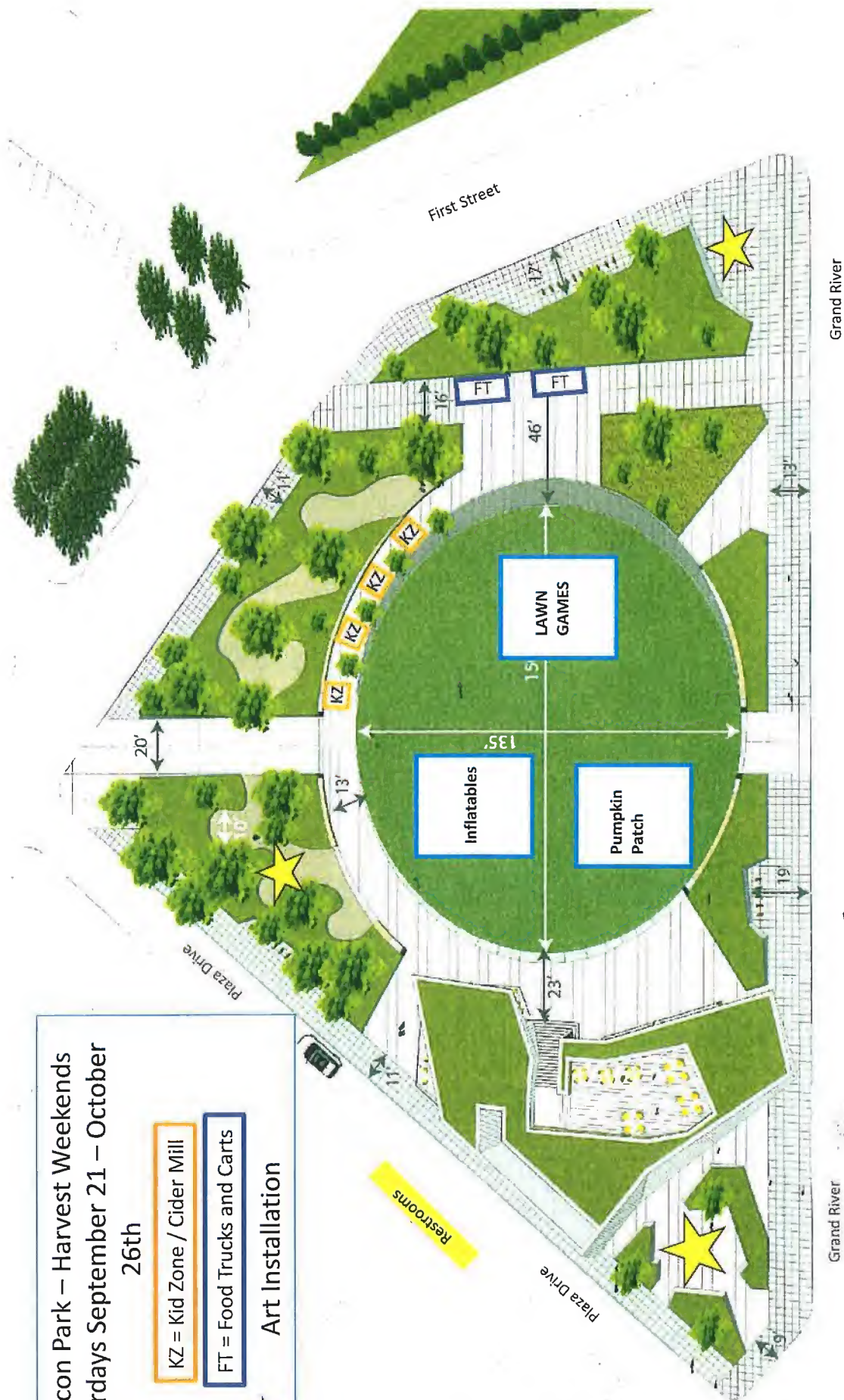


Beacon Park – Harvest Weekends  
 Saturdays September 21 – October  
 26th

KZ = Kid Zone / Cider Mill

FT = Food Trucks and Carts

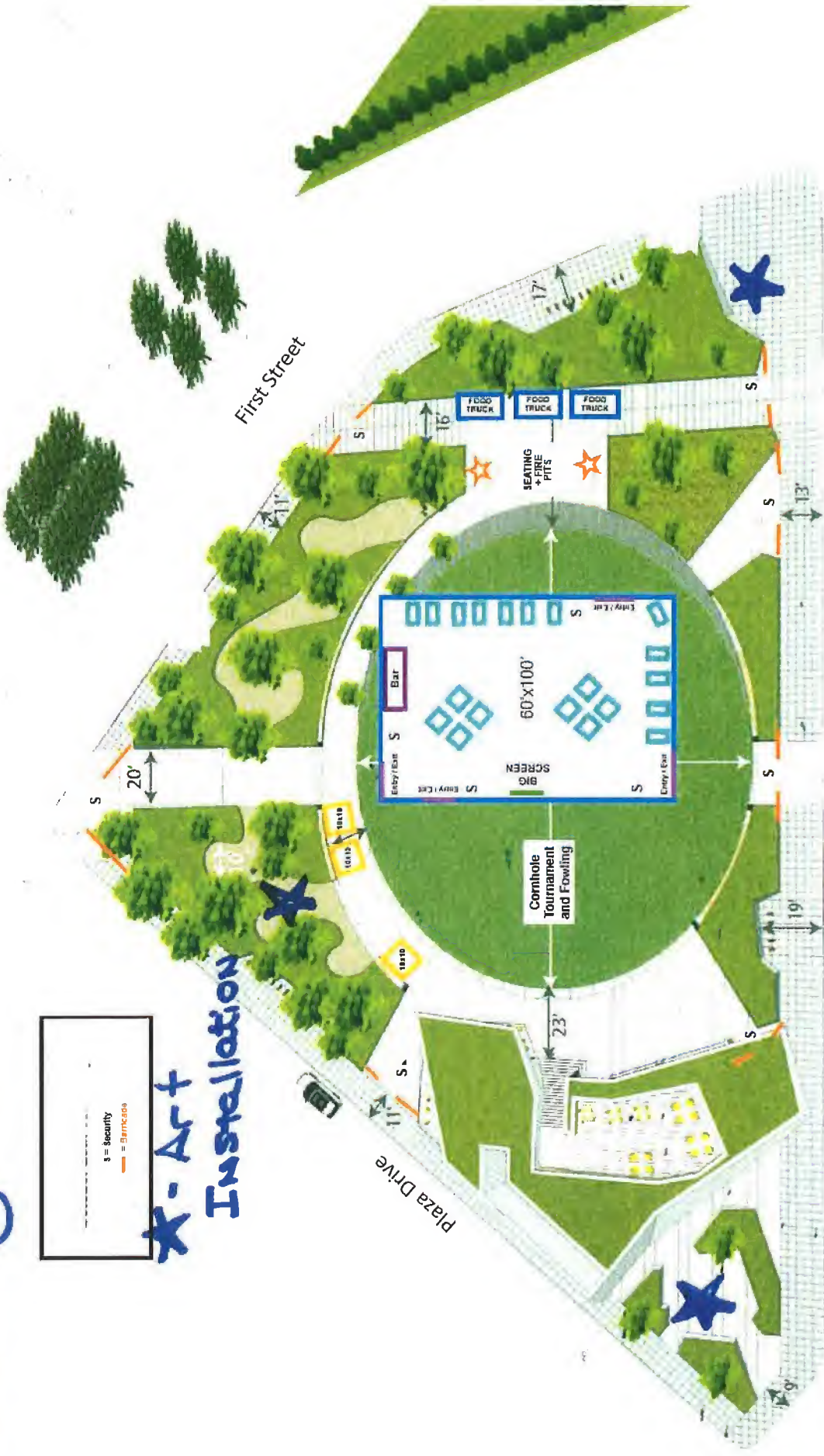
Art Installation



# Viewing Parties



★- Art Installation







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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: #983 Event Name: 2019 LCS Summer Finals Presented by Rocket Mortgage

Event Date : August 24 - 25, 2019

Street Closure: None

Organization Name: ConCom Inc.

Street Address: 1 Regency Drive Bloomfield, CT 06002

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Walkathon                     | <input type="checkbox"/> Carnival/Circus       | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony             | <input checked="" type="checkbox"/> Festival |
| <input checked="" type="checkbox"/> Filming            | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation              | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____                   |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |   |  |

### Petition Communications (include date/time)

The 2019 LCS Summer Finals will host a Tailgate in Little Caesars Arena Chevy Plaza from 11:00am - 3:00pm.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Little Caesars Arena to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with LCA to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kusher

Date: 7-11-19



## DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE   POLICE DEPARTMENT  
DPW - CITY ENGINEERING DIVISION   FIRE DEPARTMENT  
RECREATION DEPARTMENT   BUILDINGS SAFETY ENGINEERING  
BUSINESS LICENSE CENTER

**983**   *ConCom Inc., request to hold "2019 LCS Summer Finals Presented by Rocket Mortgage" at Little Caesars Arena Chevy Plaza on 8/24/19 - 8/25/19 from 11am - 4pm, Set-up on 8/22/19-8/24/19 from 8am - 9am, Complete tear down following the event.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 LCS Summer Finals Presented by Rocket Mortgage

Event Location: Little Caesars Arena Chevy Plaza

Is this going to be an annual event? ☐ Yes ☒ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: ConCom Inc

Organization Mailing Address: 1 Regency Dr. Bloomfield CT 06002

Business Phone: 860-242-4441

Business Website: www.concom.tv

Applicant Name: Randall Quick

Business Phone: 713-447-6718

Cell Phone: 713-447-6718

Email: randy@concom.tv

Event On-Site Contact Person:

Name: Taylor Womack

Business Phone: 281-780-2630

Cell Phone: 281-780-2630

Email: twomack@riotgames.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☒ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: \_\_\_\_\_

Projected Number of Attendees: 5000/day

Please provide a brief description of your event:

Tailgate style event accompanying the 2019 LCS Summer Finals taking place in Little Caesars Arena on August 24 and 25. Entertainment will include small tents featuring activations by sponsors, franchised team partners, and the league itself as well as performances projected on the Chevy Plaza screen.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date 08/22/2019 Time:08:00 Complete Set-up Date:08/24/2019 Time:09:00

Event Start Date:08/24/2019 Time:11:00 Event End Date:08/25/2019 Time:16:00

Begin Tearing Down Date:08/25/2019 Complete Tear Down Date:08/25/2019

Event Times (If more than one day, give times for each day):  
008/24/2019: 11am - 3pm, 08/25/2019: 1pm-3pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Little Caesars Arena Chevy Plaza

Facilities to be used (Check) Street Sidewalk Park City ☒

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**You will be prompted to upload these attachments upon submitting this form**

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Audience interaction related content featuring talent related to the Riot team and musical performances

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? PA system throughout Chevy Plaza

Describe specific power needs for entertainment and/or music:

Little Caesars Arena already equipped with enough power for event

How many generators will be used? 0

How will the generators be fueled?  
N/A

Name of vendor providing generators:

Contact Person: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): \_\_\_\_\_

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☐ Food ☒ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Event merchandise including t-shirts, hoodies, hats, pins, figurines and posters.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Security handled through Little Caesars Arena

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

Are the private security personnel (check all that apply):

☐ Licensed ☐ Armed ☐ Bonded

How will you advise attendees of parking options?

Parking provided through Little Caesars Arena in lots attached and related to the facility

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No impact should be present on the community beyond the impact of a regular event held at LCA

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

We will rely on LCA to take their usual steps in notifying nearby neighborhoods of occurring events

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	15, 1	Under 10x10, 1 approx 15x15
Tents (enclosed on 3 sides)	3	20x20
Canopy (open on all sides)	15	10x10
Staging/Scaffolding	1	30x20x5
Bleachers	0	N/A

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person:

Address:

City/State/Zip:

**Name of company providing port-a-johns.**

Contact Person:

Address:

Phone:

City/State/Zip:

**Name of private catering company?**

Contact Person:

Address:

Phone:

City/State/Zip:

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

**Attach a map or sketch of the proposed area for closure.**

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**REOPEN DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

- The 40x40 space is being used by Rocket Mortgage. Precise plans for their usage have not been provided, but an additional tent permit can be acquired at a smaller space in anticipation of that need (approx. 20x20)
- This event is taking place as part of an event taking place at Little Caesar's Arena. COI, medical, sanitation, bathrooms and communications will all be handled as a part of our agreement with that venue.
- COI to be generated closer to event. Event agreement with LCA can be referenced as confirmation that this document will be created.



## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
Randall Quick

06/23/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

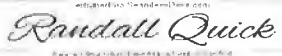
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 LCS Summer Finals Presented by Rocket Mortgage Event  
Date: August 24 & 25, 2019

Event Organizer:  
Randall Quick

Applicant Signature:

  
Randall Quick

Date: 06/23/2019



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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6000287      Revenue – AMEND 3 – To Add Funds and Time for the Soul Circus. – Contractor: Soul Circus Inc. – Location: 230 Peachtree St., Ste. 2000, Atlanta, GA 30303 – Contract Period: Upon City Council Approval through October 4, 2019 – Total Contract Amount: \$130,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM \_\_\_\_\_ SHEFFIELD**

**RESOLVED**, that Contract No. 6000287 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001217      100% City Funding – AMEND 1 – To Add Time to Install Generators at the Russell Ferry Administration Building, Garage and Fuel House with a Five Year Service Agreement to Cover Parts, and Repairs Upon Installation. – Contractor: Power Lighting & Technical Services – Location: 10824 West Chicago, Suite 200, Detroit, MI 48204 – Contract Period: Upon City Council Approval through August 20, 2020 – Total Contract Amount: \$1,400,000.00. **GENERAL SERVICES** (*This Amendment is to add Time Only.*)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** **SHEFFIELD**

**RESOLVED**, that Contract No. 6001217 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002247      100 % City Funding –To Provide Paint and Supplies. – Contractor: PPG Architectural Finishes, Inc. – Location: 22673 Northline Rd., Taylor, MI 48180 – Contract Period: Upon City Council Approval through June 30, 2021 – Total Contract Amount: \$300,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** **SHEFFIELD**

**RESOLVED**, that Contract No. 6002247 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

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June 28, 2019

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to Accept and Appropriate FY 2019 Pistons-Palace Parks Improvement and Maintenance Grant for Pingree Park**

The Community Foundation for Southeast Michigan has awarded the City of Detroit General Services Department with the FY 2019 Pistons-Palace Parks Improvement and Maintenance Grant for a total of \$239,170.00. There is no match requirement. The grant period is July 1, 2019 through July 31, 2020.

The objective of the grant is to support improvements to Pingree Park. The funding allotted to the department will be utilized to improve Pingree Park's recreational amenities and activities.

If approval is granted to accept and appropriate this funding, the appropriation number is 20668.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:  
Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

CITY CLERK 2019 JUL 12 PM 04:00

**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the General Services Department is requesting authorization to accept a grant of reimbursement from the Community Foundation for Southeast Michigan, in the amount of \$239,170.00, to support improvements to Pingree Park; and

**WHEREAS**, this request has been approved by the Law Department; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED**, that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to establish Appropriation number 20668, in the amount of \$239,170.00, for the FY 2019 Pistons-Palace Parks Improvement and Maintenance Grant.



**Community Foundation**  
**FOR SOUTHEAST MICHIGAN**

June 24, 2019

The Honorable Mike Duggan  
Mayor  
City of Detroit  
Executive Office  
1126 CAY Municipal Bldg.  
Detroit, MI 48226

Re: #2019-2554

Dear Mayor Duggan:

We are pleased to announce that the Board of Trustees of the Community Foundation for Southeast Michigan has adopted the following resolution:

RESOLVED, that a grant of \$239,170 to the City of Detroit for support for improvement and maintenance to ensure Pistons-Palace parks are clean and green neighborhood spaces be approved.

Enclosed you will find two copies of the Terms of Grant Agreement related to this grant, including required provisions and procedures. Please sign and return the original copy of the Terms of Grant Agreement to the Community Foundation for Southeast Michigan as soon as possible indicating your acceptance of the grant award and its terms. Also enclosed is information regarding the final report requirements of this grant, as well as guidelines for publicizing your award.

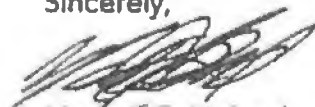
After a signed copy of the Terms of Grant Agreement has been received, it is anticipated that payment will be made as follows:

July 2019

\$239,170

We wish you every success and look forward to receiving reports on your progress.

Sincerely,



Marjann C. Noland  
President

Enclosures

cc: Janet Anderson, Ph.D., Director, General Services Department

## TERMS OF GRANT AGREEMENT

PLEASE READ CAREFULLY!

### I. Acceptance of Grant

The grant to your organization from the Community Foundation for Southeast Michigan is for the explicit purposes described in the Grant Resolution and is subject to your acceptance of the terms described therein.

To accept the grant and receive the funds, return a signed copy of this "Terms of Grant Agreement" to the Community Foundation for Southeast Michigan. Keep the other copy for your files. Please refer to the grant number and title in all communication concerning the grant.

Grantee:

City of Detroit

Date Authorized:

June 18, 2019

Grant Number:

#2019-2554

Amount Granted:

\$239,170

Grant Resolution:

RESOLVED, that a grant of \$239,170 to the City of Detroit for support for improvement and maintenance to ensure Pistons-Palace parks are clean and green neighborhood spaces be approved.

Grant Period:

Begins -- July 1, 2019

Terminates -- July 31, 2020

### II. Review of Grant Activity

The grantee will furnish the Community Foundation for Southeast Michigan with written reports according to the following schedule:

Report:

Final Report

Due Date:

October 31, 2020

## TERMS OF GRANT AGREEMENT

City of Detroit  
#2019-2554

### III. Special Provisions

In accepting this grant, the grantee agrees to the following conditions:

1. To use the funds granted solely for the purpose stated.
2. To repay any portion of the amounts granted which is not used for the purpose of the grant.
3. To return any unexpended funds if the grantee loses its exemption from Federal income taxation as provided under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or (b) as a governmental entity or political subdivision within Section 170 (c) of the Code.
4. To maintain books and records adequate to verify actions related to this grant should this prove necessary.
5. Pre-approval is needed for any modifications in the approved project budget.

### IV. Publicity

We strongly encourage the grantee to publicize the receipt of this grant. Please share a copy of any press releases and announcements for approval prior to distributing, as well as copies and links of news coverage that results from press outreach.

Please review the press release resources included within this packet and reach out to the Community Foundation for help in drafting your announcement if needed.

For the Grantee:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Director (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Project Director

\_\_\_\_\_  
Date